

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000069862

Entity Name: MEDICAL TOOLS, INC.,

**FILED**  
**Apr 23, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

9419 SW 56 PLACE  
GAINESVILLE, FL 32608 US

**New Principal Place of Business:**

**Current Mailing Address:**

9419 SW 56 PLACE  
GAINESVILLE, FL 32608 US

**New Mailing Address:**

FEI Number: 36-4695118

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAI, JUDITH  
9419 SW 56 PLACE  
GAINESVILLE, FL 32608 US

**Name and Address of New Registered Agent:**

CHANG, KU-LANG  
9419 SW 56 PLACE  
GAINESVILLE, FL 32608 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KU-LANG CHANG

04/23/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CHANG, KU-LANG  
Address: 9419 SW 56 PLACE  
City-St-Zip: GAINESVILLE, FL 32608 US

Title: VP  
Name: JUDITH, LAI  
Address: 9419 SW 56 PLACE  
City-St-Zip: GAINESVILLE, FL 32608 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KU-LANG CHANG

P

04/23/2011

Electronic Signature of Signing Officer or Director

Date